

STATE ENERGY PROGRAM APPLICATION
NORTH DAKOTA DEPARTMENT OF COMMERCE/DCS
SFN 59023 (05/13)

Please complete and submit this form with your proposal and supporting documents. If you need additional space, please use separate pages.



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www.energy.nd.gov

Organization			Address		
City	State	Zip Code	Date of Application		
Telephone Number	Fax Number		E-mail Address		

Recipient Type

<input type="checkbox"/>	State Government	<input type="checkbox"/>	Education	<input type="checkbox"/>	For Profit Organization	<input type="checkbox"/>	Indian Tribal Government
<input type="checkbox"/>	Local Government	<input type="checkbox"/>	Hospital	<input type="checkbox"/>	Individual	<input type="checkbox"/>	Other Nonprofit Organization
<input type="checkbox"/>	Other (Specify)						

Primary Contact	Title
Primary Telephone	Primary E-mail Address
Chief Executive Officer	Title

Are you a registered vendor with the State of North Dakota Procurement Office? If not, please visit www.nd.gov/spo to register	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Total Project Budget	Amount Requested
Proposed Start Date	For What Duration

Describe the project budget and include any other sources of funding for the project. List all expenses and associated costs.

Describe your project. Please include a clear statement of the need or problem to be addressed and **the activities you will complete.**

Describe the results you expect from your project and include how you will measure project success.

Please have your chief executive officer or chief financial officer sign this form

Signature	Title	Date
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For Commerce Use Only				
	Approved	Amount of Grant		Authorized Signature:
	Denied	Date		